

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		1				
6		1				
7		1				
8		1				
9		2				
10		2				
11		1				
12		1				
13		1				
14		1				
15		1				
16		2				
17		2				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24	1					
25		1				
26		1				
27		1				
28		1				
29		1				
30		2				
31		2				
32		1				
33		1				
34		1				
35		1				
36		1				
37		2				
38		2				
39		1				
40		1				
41		2				
42		1				
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	51					
TOTAL CLAIMS	53					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						